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Patricia Booker
National Stage Processing
Patent Specialist
(703) 305-9738

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/089011

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2	1		1				52					
3		2		1			53					
4		2		1			54					
5	1		1				55					
6	1		1				56					
7		2		1			57					
8		2		1			58					
9		1		1			59					
10				1			60					
11				1			61					
12				1			62					
13				1			63					
14				1			64					
15							65					
16							66					
17							67					
18							68					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4		4				TOTAL IND.					
TOTAL DEP.	9		8				TOTAL DEP.					
TOTAL CLAIMS	13		12				TOTAL CLAIMS					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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